UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS EASTERN DIVISION

In re: MICHAEL BAILEY	Case No. 16-08105
Debtor(s)	

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Tom Vaughn, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 03/09/2016.
- 2) The plan was confirmed on 07/27/2016.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. \S 1329 on \underline{NA} .
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on \underline{NA} .
 - 5) The case was dismissed on 01/04/2017.
 - 6) Number of months from filing to last payment: 4.
 - 7) Number of months case was pending: 11.
 - 8) Total value of assets abandoned by court order: NA.
 - 9) Total value of assets exempted: NA.
 - 10) Amount of unsecured claims discharged without payment: \$0.00.
 - 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor \$580.60 Less amount refunded to debtor \$0.00

NET RECEIPTS: \$580.60

\$298.90

Expenses of Administration:

Attorney's Fees Paid Through the Plan

Court Costs

Trustee Expenses & Compensation

Other

\$271.60
\$271.60
\$271.60
\$271.60
\$271.60

TOTAL EXPENSES OF ADMINISTRATION:

Attorney fees paid and disclosed by debtor: \$0.00

Scheduled Creditors:						
Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
ADDISON EMERGENCY PHYSICIANS	Unsecured	555.00	NA	NA	0.00	0.00
ARS ACCOUNT RESOLUTION	Unsecured	804.00	NA	NA	0.00	0.00
CITY OF CHICAGO DEPT OF REVENU	Unsecured	1,576.00	3,296.00	3,296.00	0.00	0.00
COMCAST	Unsecured	750.00	NA	NA	0.00	0.00
EAGLE COLL	Unsecured	643.00	NA	NA	0.00	0.00
ECMC	Unsecured	NA	12,722.36	12,722.36	0.00	0.00
EMERGENCY MEDICAL SPECIALIST	Unsecured	640.00	NA	NA	0.00	0.00
FOUNDATION EMERGENCY SERVICE	Unsecured	624.00	NA	NA	0.00	0.00
ILLINOIS HEART & VASCULAR	Unsecured	30.00	NA	NA	0.00	0.00
INFINITY HEALTHCARE PHYS SC	Unsecured	749.00	NA	NA	0.00	0.00
INPHYNET SOUTH BROWARD INC	Unsecured	804.00	NA	NA	0.00	0.00
JEFFERSON CAPITAL SYSTEMS LLC	Unsecured	NA	3,877.60	3,877.60	0.00	0.00
KEYNOTE CONSULTING	Unsecured	NA	275.00	275.00	0.00	0.00
MEA Ingalls	Unsecured	560.00	NA	NA	0.00	0.00
MEDICAL	Unsecured	464.00	NA	NA	0.00	0.00
MEDICAL	Unsecured	2,935.00	NA	NA	0.00	0.00
MEDICAL	Unsecured	933.00	NA	NA	0.00	0.00
MIDAMERICA CARDIOVASCULAR	Unsecured	148.00	NA	NA	0.00	0.00
MIDAMERICA CARDIOVASCULAR	Unsecured	55.00	NA	NA	0.00	0.00
MIDAMERICA CARDIOVASCULAR	Unsecured	55.00	NA	NA	0.00	0.00
MIDAMERICA CARDIOVASCULAR	Unsecured	55.00	NA	NA	0.00	0.00
MIDAMERICA CARDIOVASCULAR	Unsecured	309.00	NA	NA	0.00	0.00
MIDAMERICA CARDIOVASCULAR	Unsecured	55.00	NA	NA	0.00	0.00
MIDAMERICA CARDIOVASCULAR	Unsecured	134.00	NA	NA	0.00	0.00
MIDAMERICA CARDIOVASCULAR	Unsecured	188.00	NA	NA	0.00	0.00
MIDWEST TITLE LOANS	Secured	2,000.00	1,690.00	1,690.00	277.46	4.24
MIDWEST TITLE LOANS	Unsecured	100.00	NA	NA	0.00	0.00
NORTH SHORE PATHOLOGY	Unsecured	200.00	NA	NA	0.00	0.00
NORTH SHORE PATHOLOGY	Unsecured	266.00	NA	NA	0.00	0.00
PATHOLOGY ASSOC OF SA	Unsecured	213.00	NA	NA	0.00	0.00
PAYDAY LOAN STORE	Unsecured	500.00	302.21	302.21	0.00	0.00

Scheduled Creditors:						
Creditor	CI.	Claim	Claim	Claim	Principal	Int.
Name	Class	Scheduled	Asserted	Allowed	Paid	Paid
PENDRICK CAPITAL PARTNERS L	Unsecured	740.00	NA	NA	0.00	0.00
PENDRICK CAPITAL PARTNERS L	Unsecured	821.00	NA	NA	0.00	0.00
PENDRICK CAPITAL PARTNERS L	Unsecured	795.00	NA	NA	0.00	0.00
RESURRECTION MEDICAL GROUP	Unsecured	699.00	NA	NA	0.00	0.00
RIVER CITY EMERGENCY PHYSICI	Unsecured	503.00	NA	NA	0.00	0.00
RIVER CITY EMERGENCY PHYSICI	Unsecured	503.00	NA	NA	0.00	0.00
RMC CARDIOLOGY	Unsecured	82.00	NA	NA	0.00	0.00
RUSH OAK PARK HOSPITAL	Unsecured	336.00	NA	NA	0.00	0.00
SHAPIRO MD LTD JERROLD	Unsecured	275.00	NA	NA	0.00	0.00
Speedy Cash	Unsecured	232.03	NA	NA	0.00	0.00
ST FRANCIS HOSPITAL	Unsecured	700.00	NA	NA	0.00	0.00
ST FRANCIS HOSPITAL	Unsecured	795.00	NA	NA	0.00	0.00
SWEDISH COVENANT HOSPITAL	Unsecured	927.00	NA	NA	0.00	0.00
T MOBILE	Unsecured	200.00	NA	NA	0.00	0.00

Summary of Disbursements to Creditors:	•	•	
	Claim	Principal	Interest
	Allowed	<u>Paid</u>	<u>Paid</u>
Secured Payments:			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$1,690.00	\$277.46	\$4.24
All Other Secured	\$0.00	\$0.00	\$0.00
TOTAL SECURED:	\$1,690.00	\$277.46	\$4.24
Priority Unsecured Payments:			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
TOTAL PRIORITY:	\$0.00	\$0.00	\$0.00
GENERAL UNSECURED PAYMENTS:	\$20,473.17	\$0.00	\$0.00

Disbursements:		
Expenses of Administration Disbursements to Creditors	\$298.90 \$281.70	
TOTAL DISBURSEMENTS :		<u>\$580.60</u>

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12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Dated: 02/07/2017 By: /s/ Tom Vaughn
Trustee

STATEMENT: This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.